

CLAIMS ONLY								Application Number		Filing Date	
								Applicant(s)			
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/	/									
2		/					51				
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46							95				
47							96				
48							97				
49							98				
50							99				
Total Indep	2						Total Indep				
Total Depend	25						Total Depend				
Total Claims	27						Total Claims				